## (LOSS TOTAL RECORD - TYPE 20) Format/Edits

Field	Field Name	Begin	Size	Picture	Field Edits
No.	<u> </u>	Pos			
1	Record Type	1	2	9(02)	Required. Must be 20.
2	Reporting Organization	3	2	X(02)	Required. Edit with RO/Company table.
3	Location State	5	2	9(02)	Required. Edit with FIPS State table.
4	Company	7	3	9(03)	For Reinsured edit with company table; for FSA
					edit with the county table.
5	Policy Number	10	7	9(07)	Required. Must be > zeros.
6	Crop Year	17	4	9(04)	Required. Must be the crop year of the crops
					reported under the policy. This will equal the
7	T 20 K D	21	21	V/(01)	Reinsurance Year +/- 1.
7	Type 20 Key Reserve	21	21	X(21)	Space Reserved for other record types.
8	Claim Number Reinsurance Year	42	8	9(08)	Required. Must be > zeros.
9 10	Type 20 Key Reserve	50 54	4 22	9(04) X(22)	Required. Must be 2001. Space Reserved for Additional key data
10	Type 20 Key Reserve	34	22	$\Lambda(22)$	required in the future or for other record types.
11	Record Number	76	3	9(03)	Must be > zero and unique within a Crop Policy
11	Record Pullber	70	3	)(03)	(Location State/Location County/Crop).
12	1 <sup>st</sup> Total Reinsurance Year	79	4	9(04)	If 1st Total Loss Code = 'R', Must = Recovery
			-	, (0.1)	Year
					Otherwise $must = zeros$ .
13	1st Total Payment/Credit	83	3	9(03)	If 1st Total Loss Code<> Spaces, must be a valid
	Memo Company				company. Otherwise must = zeros.
14	1 <sup>st</sup> Total Loss Code	86	1	X(01)	Must be:
					D = Draft Issued
					E = Escrow Funded
					F = Administrative Fees
					M = Credit Memo this Policy
					O = Other (e.g. Hail, Interest, etc.)
					P = Credit Memo - Loss Applied to another
					Policy
					R = Recovery of Premium or Overpaid
					Indemnity Plank - No Total
15	1st Escrow Check/Draft	87	9	9(09)	Blank = No Total If $1^{st}$ Total Loss Code = D or E, must be > zero.
13	Number -or-	07	9	9(09)	Enter escrow check/draft # or if = "P" enter
	P/C Memo State				credit memo number. Otherwise; zero fill.
	P/C Memo Policy				credit memo number. Otherwise, zero mi.
16	1 <sup>st</sup> Total Date Draft Issued	96	8	9(08)	If 1 <sup>st</sup> Total Loss Code = Blank, must be zeros.
				, (00)	Otherwise, if $> 0$ must be a valid date. Format
					is MMDDCCYY.
17	1st Total Amount	104	12	S9(10)V(02)	If 1st Total Loss Code = Blank, must be zero.
					Otherwise, must be $> 0$ or $< 0$ . Sum of all Total
					Amounts must be > zero for each loss code by
					claim number.
18	2 <sup>nd</sup> Total Reinsurance Year	116	4	9(04)	If 2 <sup>nd</sup> Total Loss Code = 'R', Must = Recovery
					Year. Otherwise $must = zeros$ .
19	2 <sup>nd</sup> Total Payment/Credit	120	3	9(03)	If 2 <sup>nd</sup> Total Loss Code <> Spaces, must be a
•	Memo Company	465		***(0.4)	valid company. Otherwise must = zeros.
20	2 <sup>nd</sup> Total Loss Code	123	1	X(01)	See 1 <sup>st</sup> Total Loss Code for permitted values.

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Field	Field Name	Begin Pos	Size	Picture	Field Edits
No.	1	rus	<u> </u>	<u> </u>	
21	2 <sup>nd</sup> Escrow Check/Draft Number -or- P/C Memo State	124	9	9(09)	If 2 <sup>nd</sup> Total Loss Code = D or E, must be > zero. Enter escrow check/draft # if = "P"enter credit memo number. Otherwise; zero fill.
22	P/C Memo Policy	100	0	0.(00)	Accord To 114 Co. 1 Di 1
22	2 <sup>nd</sup> Total Date Draft Issued	133	8	9(08)	If 2 <sup>nd</sup> Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
23	2 <sup>nd</sup> Total Amount	141	12	S9(10)V(02)	If 2 <sup>nd</sup> Total Loss Code = Blank, must be zero. Otherwise, must be > 0 or < 0 for each loss code by claim number. Sum of all Total Amounts must be > zero for each loss code by claim number.
24	3 <sup>rd</sup> Total Reinsurance Year	153	4	9(04)	If 3 <sup>rd</sup> Total Loss Code = 'R', Must = Recovery Year
25	3 <sup>rd</sup> Total Payment/Credit Memo Company -or- P/C Memo State P/C Memo Policy	157	3	9(03)	Otherwise must = zeros.  If 3 <sup>rd</sup> Total Loss Code <> Spaces, must be a valid company. Enter escrow check/draft # or if = "P" enter credit memo number. Otherwise; zero fill.
26	3 <sup>rd</sup> Total Loss Code	160	1	X(01)	See 1 <sup>st</sup> Total Loss Code for permitted values.
27	3 <sup>rd</sup> Escrow Check/Draft Number	161	9	9(09)	If 3 <sup>rd</sup> Total Loss Code = D or E, must be > zero. Otherwise, must be zero.
28	3 <sup>rd</sup> Total Date Draft Issued	170	8	9(08)	If 3 <sup>rd</sup> Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
29	3 <sup>rd</sup> Total Amount	178	12	S9(10)V(02)	If 3 <sup>rd</sup> Total Loss Code = Blank, must be zero. Otherwise, must be > 0 or < 0 for each loss code by claim number. Sum of all Total Amounts must be > zero for each loss code by claim number.
30	4 <sup>th</sup> Total Reinsurance Year	190	4	9(04)	If 4 <sup>th</sup> Total Loss Code = 'R', Must = Recovery Year
31	4 <sup>th</sup> Total Payment/Credit Memo Company -or- P/C Memo State P/C Memo Policy	194	3	9(03)	Otherwise must = zeros.  If 4 <sup>th</sup> Total Loss Code <> Spaces, must be a valid company. Enter escrow check/draft # or if = "P" enter credit memo number. Otherwise; zero fill.
32	4 <sup>th</sup> Total Loss Code	197	1	X(01)	See 1 <sup>st</sup> Total Loss Code for permitted values.
33	4 <sup>th</sup> Escrow Check/Draft Number	198	9	9(09)	If 4 <sup>th</sup> Total Loss Code = D or E, must be > zero. Otherwise, must be zero.
34	4 <sup>th</sup> Total Date Draft Issued	207	8	9(08)	If 4 <sup>th</sup> Total Loss Code = Blank, must be zeros. Otherwise, if > 0 must be a valid date. Format is MMDDCCYY.
35	4 <sup>th</sup> Total Amount	215	12	S9(10)V(02)	If $4^{th}$ Total Loss Code = Blank, must be zero. Otherwise, must be $> 0$ or $< 0$ for each loss code by claim number. Sum of all Total Amounts must be $>$ zero for each loss code by claim number.

Field No.	Field Name	Begin Pos	Size	Picture	Field Edits
36	Filler	227	115	V(115)	Must be Blanks.
		227	115	X(115)	
37	Valid for Escrow Flag	342	1	X(01)	Internal Use. Will be 'Y' if the record passes edits necessary for escrow processing (numeric checks). Will be 'N' if the record is not acceptable for escrow.
38	Filler	343	208	X(208)	Must be spaces.

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Field	Field Name	Begin	Size	Picture	Field Edits
No.	rield Name	Pos	Size	Ficture	Field Edits
	•			•	•
39	FCIC Control Time	551	4	9(04)	Internal Use. The time the transaction batch file
					was received. (From when transmission started)
					HHMM Format.
40	FCIC Control Date	555	8	9(08)	Internal Use. The date the transaction batch file
					was received. (From when transmission started)
					MMDD CCYY Format.
41	Reinsurance Year	563	4	9(04)	Internal Use. The Reinsurance Year. CCYY
					format.
42	Batch Number	567	4	9(04)	Internal Use. The sequential number identifying
					the file that was submitted by the RO to
					FCIC/RMA.
43	Transaction Sequence	571	8	9(08)	Internal Use. The sequential number assigned
	Number				to each transaction number processed by DAS
					after it has been sorted.
44	Transaction Rejected Flag	579	1	X(01)	Internal. Reserved.
45	Transaction Source Flag	580	1	X(01)	Internal. Reserved.
46	Filler	581	20	X(20)	Internal.

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